DATE: July 15, 2009

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health Department

ACCOUNT NUMBER: 9-1293-441-10-340-028-0 Border Health EWIDS Grant Contract

SUBJECT: Budget Amendments (Increases) in Accordance with Local Government Code, Chapter 111, Subchapter C

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following amendments (increase) to my department budget in accordance with Local Government Code, Chapter 111, Subchapter C.

INCREASE OBJECT NUMBER(S)	ACCOUNT (OBJECT) NAME	AMOUNT -
9-1293-441-10-340-028-0-113	Regular F/T Employees	$ 112,198.80
9-1293-441-10-340-028-0-220	FICA	$ 8,583.22
9-1293-441-10-340-028-0-230	Retirement	$ 10,008.15
9-1293-441-10-340-028-0-250	Unemployment Compensation	$ 561.00
9-1293-441-10-340-028-0-260	Workers Compensation	$ 3,668.84
9-1293-441-10-340-028-0-211	Health Insurance	$ 12,492.00
9-1293-441-10-340-028-0-212	life Insurance	$ 99.00
9-1293-441-10-340-028-0-581	Travel In County	$ 220.00
9-1293-441-10-340-028-0-583	Travel Out of County	$ 1,720.00
9-1293-441-10-340-028-0-601	Office & Computer Supplies	$ 148.99
9-1293-441-10-340-028-0-584	Registration Fees	$ 300.00
9-1293-334-10-340-028-0-000	Border Health EWIDS Grant	150,000.00
	TOTAL BUDGET	$ 150,000.00

INCREASE REQUEST $

Revenue Account #

REASON: Implement Border Health EWIDS Contract Budget for the period 8/1/2009 - 7/31/2010.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST CO. CLERK